

## **Enrollment Application**

| <u>Student Informatio</u>     | <u>n:</u> Date o | f Birth:_  |              |          |         | Gende     | er:      |           | SSN:  |
|-------------------------------|------------------|------------|--------------|----------|---------|-----------|----------|-----------|---|
| Grade Entering in A           | August 2020:     | □ <b>K</b> | □ 1          | □ 2      | □ 3     | □ 4       | □ 5      | □ 6       | T Shirt Size:   |
| Full Name:                    |                  | First      |              |          | Midd    | le        |          |           | Nickname  |
| Has student ever c            | ittended PC43    |            | ES $\square$ | I NO     | Midd    |           | ıce: (o  | ptional)  |   |
| If not PC4, what so           | hool did child   | attend     | previo       | ous vea  | ır?     |           |          |           |   |
| , , ,                         |                  |            |              | ·        | (Sc     | nool Name | ∍)       |           |   |
| (School Address, City, State, |                  |            |              |          |         |           |          |           |   |
| amily Information             | : Legal Custo    | dy □E      | Both Pc      | arents   | □One    | Paren     | t 🗆 G    | Frandpa   | rent □Guardian □Other   |
| 1st Parent Name: _            |                  |            |              |          | 2nc     | l Parer   | nt Nam   | ie:       |   |
| Address:                      |                  |            |              |          |         |           |          |           |   |
| Home Phone:                   |                  |            |              |          |         |           |          |           |   |
| Cell Phone:                   | (                | Carrier:   |              |          |         |           |          |           | Carrier:  |
| Employer:                     |                  |            |              |          | Em      | oloyer:   |          |           |   |
| Address:                      |                  |            |              |          |         |           |          |           |   |
| Work Phone:                   |                  |            |              |          |         |           |          |           |   |
| Email Address:                |                  |            |              |          | _ Em    | ail Add   | lress: _ |           |   |
| Primary Parent SSN            | l:               |            |              | (Re      | quired  | for sch   | nolarsh  | ip recipi | ients)  |
| Medical Information           | on:              |            |              |          |         |           |          |           |   |
|                               | rmission for th  |            | of this      | facility | to co   | ontact    | the fo   | ollowing  | medical personnel to obtain   |
| Doctor:                       |                  | Addre      | ss:          |          |         |           |          | _ Phon    | e:  |
| Dentist:                      |                  | Addres     | ss:          |          |         |           |          | _ Phon    | e:  |
| Hospital Preferenc            | e:               |            |              |          |         |           |          |           |   |
| Please list food alle         | ergies, special  | medico     | al, med      | dicinal, | or diet | ary ne    | eds, oi  | other c   | ireas of concern:   |
|                               |                  |            |              |          |         |           |          |           |   |
| -                             |                  |            |              |          |         |           |          |           |   |
| Contacts:                     |                  |            |              |          |         |           |          |           |   |
| case of illness, acc          | cident, or eme   | rgency     | , if for     | some r   | eason,  | the cu    | ustodic  | al paren  | d the persons listed below. In<br>t or legal guardian cannot be<br>ove the child from the facility: |
| Name                          | Address          |            |              | Work#    |         | Hor       | ne#      |           | Relationship to child   |
| Name                          | Address          | -          |              | Work#    |         | Hor       | ne#      |           | Relationship to child   |

| -  |   |  |   |  |
|--|---|--|---|--|
| Siblings Attending PC  | 24/PCCS:  |  |   |  |
| Full Name  | Age/Gro   | ade Full N   | ame   | Age/Grade  |
| Full Name  | Age/Gro   | ade Full N   | ame   | Age/Grade  |
| into a Florida public of (DH3040) performed or eligible exemption        | or private school m<br>within 1 year prior  | nust present a certific<br>to enrollment and a   | cation of school-entry<br>Florida Certification o   | of Immunization (Form DH6)   |
| Proof of Age: A cop Kindergarten and firs                                |   | te or other legal iden   | tification is required to   | o validate date of birth for   |
| Academic Records:  | The latest report   | card is required for   | 1st – 12th grade stude  | ents transferring from anot  |
| school. Official record  | ds will be requeste   | ed from prior school u   | non receipt of latest i   | report card  |
|  |   |  | porriodolpr or larest i   | roport cara.   |
| Scholarship Eligibility  | <u>:</u>  |  | por receipt er larest l   | ropon cara.  |
| ·  | -<br>gible for scholarsh  | ip assistance if hous  | ehold income is equa  | al to or less than the inco  |
| Students may be eliq<br>criteria for National Fr<br>if your household wo | -<br>gible for scholarsh<br>ree or Reduced Lu<br>uld qualify. (House  | ip assistance if hous<br>Inch Program. Please  | ehold income is equa  |  |
| Students may be eliq<br>criteria for National Fr                         | gible for scholarsh<br>ree or Reduced Lu<br>uld qualify. (House   | ip assistance if hous<br>Inch Program. Please<br>Pholds currently rece   | ehold income is equal<br>e review the income g<br>iving Food Stamps (SN   | al to or less than the inco<br>guidelines below and indica   |
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Palm Coast Community School admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the organization. It does not discriminate on basis of color, nationality, or ethnic origin in administration of its admission policies, scholarships and loan programs and other organizational administered programs.

Date

Signature of 1st Parent/Guardian